ANCESTRAL ETTE-ENNAKA RELAXATION AND HEALING PRACTICES FOR MENTAL HEALTH RECOVERY:
An Intercultural Framework Integrating Indigenous Massage, Meditation, and Aromatic Therapies

BY: ENVIRONMENTAL WOMEN ORG

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ABSTRACT

This article documents and systematizes ancestral relaxation and healing practices of the Ette-Ennaka Indigenous people, including therapeutic massage, guided meditation, aromatic plant-based practices, and embodied symbolic techniques, conceptualized as culturally grounded interventions for mental health recovery. These practices are examined not as complementary or alternative therapies, but as integral components of an Indigenous psychosocial system oriented toward emotional regulation, relational repair, and collective wellbeing.

Drawing from an intercultural, ecofeminist, and community-based framework implemented in Indigenous territories of northern Colombia, the study is based on the implementation of an ancestral healing model with 500 mother–daughter pairs exposed to chronic gender-based violence, armed conflict, water insecurity, and climate-related stressors. The intervention was developed and governed by an Indigenous women–led organization in coordination with traditional authorities, ensuring ethical integrity, community consent, and protection of ancestral knowledge.

Using a mixed-methods approach, the study analyzes psychosocial outcomes related to anxiety reduction, perceived safety, family communication, and community appropriation of practices. Findings indicate significant improvements in emotional regulation, strengthening of caregiver–child bonds, and increased adoption of ancestral self-care practices at the household level. The results highlight the effectiveness of embodied, non-verbal, and relational approaches in contexts where conventional clinical mental health services are inaccessible or culturally incongruent.

Beyond its local relevance, the article explores the global applicability and scalability of Indigenous mental health systems, identifying transferable mechanisms such as embodied regulation, family-centered healing, symbolic expression, and community-led facilitation. The study contributes to global mental health debates by challenging dominant biomedical paradigms and advocating for the recognition of Indigenous epistemologies as valid, ethical, and evidence-generating frameworks for trauma recovery in contexts of structural violence and climate crisis.

Keywords: Indigenous mental health; Ette-Ennaka; ancestral healing practices; therapeutic massage; meditation; aromatherapy; gender-based violence; intercultural health; ecofeminism; community-based care.

Ethical and Positional Statement: This research is led by an Indigenous women–led organization and grounded in community consent, Indigenous governance, and respect for ancestral knowledge systems. The knowledge presented is shared with the explicit purpose of protection, recognition, and ethical intercultural dialogue, not extraction or commodification.

INTRODUCTION

Indigenous mental health has gained increasing attention within global psychosocial and public health debates; however, most dominant frameworks continue to marginalize ancestral knowledge systems and community-based care practices. This exclusion is particularly problematic in contexts marked by intersecting stressors such as gender-based violence, armed conflict, climate change, and structural poverty. In Colombia, Indigenous women and girls living in peri-urban territories face a compounded mental health crisis that cannot be adequately addressed through conventional biomedical or individual-centered approaches.

In the Narakajmanta (Ette-Ennaka) Indigenous territory, located in the peri-urban areas of Santa Marta, more than **5,000 Indigenous mothers and daughters** are traditionally responsible for daily water collection due to the absence of basic aqueduct infrastructure. These journeys require walking distances of up to **2.5 kilometers per day**, often through isolated and insecure routes controlled by armed actors. Community-based monitoring reports indicate that **at least 60% of these women and girls have experienced sexual violence** during water collection activities. Although these assaults occur outside the household, their psychosocial consequences are deeply internalized within family systems, generating chronic fear, emotional withdrawal, and ruptured caregiver–child bonds.

The psychosocial impacts observed among affected families include **post-traumatic stress symptoms, anxiety, insomnia, depression, emotional dissociation, and persistent family conflict**. In many households, silence and stigma surrounding sexual violence further inhibit emotional communication and collective coping mechanisms. Empirical evidence from the territory shows that approximately **300 families** exhibit severe deterioration in relational functioning, marked by loss of trust, emotional distancing, and intergenerational tension. These dynamics are exacerbated by climate change, which has intensified water scarcity through prolonged drought periods lasting up to **nine months per year**, followed by extreme rainfall. As a result, competition over water resources has increased intra-household stress and contributed to a **66% reduction in girls' school enrollment**, reinforcing cycles of vulnerability and social isolation.

Within this context, Indigenous communities have long relied on **ancestral relaxation and healing practices** as foundational mechanisms for emotional regulation, trauma containment, and relational repair. Among the Ette-Ennaka people, these practices include therapeutic massage, guided meditation and silence, aromatic plant-based therapies, and embodied symbolic rituals rooted in territorial and spiritual cosmologies. Unlike externally imposed interventions, these practices operate within collective frameworks of care, emphasizing safety, reciprocity, memory, and relational balance.

This article situates Ette-Ennaka ancestral practices as **culturally grounded psychosocial interventions** with relevance beyond their territorial context. Rather than presenting them as alternative or complementary therapies, we conceptualize these practices as components of an integrated Indigenous mental health system capable of addressing trauma at individual, relational, and community levels.

Key Structural Drivers of the Mental Health Crisis in Narakajmanta

- Chronic exposure to gender-based violence during water collection
- Armed conflict and territorial control over natural resources
- Climate-induced water scarcity and environmental stress
- Lack of intercultural mental health services
- Intergenerational transmission of trauma within family systems

Table 1. Psychosocial Risk Factors and Observed Impacts in Ette-Ennaka Families

Risk Factor	Observed Psychosocial Impact	Affected Population
Sexual violence during water collection	PTSD, anxiety, emotional withdrawal	60% of women and girls
Climate-induced water scarcity	Increased family conflict, stress	300 families
Armed territorial control	Chronic fear, reduced mobility	Entire community
School dropout among girls	Isolation, loss of protective spaces	66% enrollment reduction
Absence of intercultural care	Untreated trauma, stigma	5,000 beneficiaries

By documenting and systematizing Ette-Ennaka ancestral relaxation practices, this study contributes to the global discourse on intercultural mental health, offering evidence that Indigenous knowledge systems provide ethically grounded, scalable, and context-responsive solutions for trauma recovery in settings of structural violence.

2. Theoretical Background: Intercultural and Psychosocial Framework

This study is grounded in an **intercultural psychosocial framework** that recognizes mental health as a relational, collective, and territorially embedded process rather than an exclusively individual or clinical condition. Conventional mental health models—largely biomedical and Western-centered—have demonstrated limited effectiveness in Indigenous contexts, particularly where trauma is structurally produced through gender-based violence, armed conflict, environmental degradation, and historical dispossession.

The intercultural approach adopted here draws on three complementary theoretical pillars:

2.1 Psychosocial and Ecological Models of Mental Health

Psychosocial theory conceptualizes mental health as the result of interactions between individual psychological processes and broader social, cultural, and environmental determinants. In the Narakajmanta territory, trauma is not an isolated event but a **chronic condition**, reproduced through daily exposure to violence, water insecurity, and climate stress. The ecological model allows for the analysis of trauma across multiple levels:

- **Individual** (emotional regulation, somatic symptoms),
- **Relational** (mother–daughter bond, family communication),
- **Community** (collective fear, social norms),
- **Territorial** (control of water sources, climate variability).

2.2 Indigenous Epistemologies of Care and Healing

Ette-Ennaka ancestral knowledge systems understand wellbeing as balance between body, emotion, spirit, community, and territory. Practices such as therapeutic massage, meditation, aromatic plant use, and symbolic rituals function as **mechanisms of emotional regulation, trauma containment, and relational repair**. These practices are not auxiliary techniques but integral components of Indigenous governance of health and care. Knowledge transmission is oral, experiential, and collective, emphasizing safety, reciprocity, memory, and shared word.

2.3 Feminist and Intersectional Perspectives

An ecofeminist and intersectional lens is essential to understanding why Indigenous women and girls experience disproportionate mental health impacts. Gender roles related to water collection expose women and girls to sexual violence, while age, ethnicity, poverty, and climate vulnerability compound risk. This framework

positions Indigenous women not as passive victims but as **knowledge holders and agents of healing**, whose leadership is central to sustainable mental health responses.

3. Methods / Methodological Framework

3.1 Study Design

This study employs a **community-based participatory research (CBPR)** design with an intercultural orientation. The methodology prioritizes Indigenous governance, collective consent, and co-creation of knowledge. Rather than extracting data, the research process was embedded within an ongoing psychosocial intervention implemented by Environmental Women Org in collaboration with the Narakajmanta Indigenous Tribal Council.

3.2 Study Population

The intervention targeted **500 Indigenous mother–daughter pairs** (girls aged 8–18 and their primary caregivers), within a broader beneficiary population of **5,000 Indigenous women, girls, and LGBTI people**. Participants were selected based on:

- Active involvement in water collection,
- Exposure to gender-based or climate-related stress,

- Voluntary participation with informed community consent.

3.3 Intervention Components

The methodological core consisted of **Ancestral Healing and Relaxation Practices**, integrated into structured Mother–Daughter Healing Circles. These included:

- **Therapeutic ancestral massage** for somatic regulation and safety perception,
- **Guided meditation and silence practices** rooted in Indigenous cosmology,
- **Aromatic therapies** using locally identified medicinal plants,
- **Symbolic and narrative exercises** to restore trust and emotional communication.

Sessions were conducted orally in Spanish and the local Indigenous language, ensuring accessibility for participants with low literacy.

3.4 Data Collection and Analysis

A **mixed-methods approach** was applied:

- **Quantitative tools**: pre- and post-intervention scales measuring emotional wellbeing, family communication, and perceived safety.
- **Qualitative methods**: emotional diaries, facilitator observation logs, and focus groups with mothers and daughters.
  Data were analyzed through descriptive statistics and thematic analysis, with validation workshops held to ensure cultural accuracy and community interpretation of findings.

Table 2. Overview of Methodological Framework

Component	Description
Study design	Community-based participatory research
Participants	500 mother–daughter pairs
Core practices	Massage, meditation, aromatherapy, symbolic rituals
Facilitators	Trained Indigenous youth
Languages	Spanish and Indigenous language
Analysis	Mixed methods (quantitative + qualitative)

This methodological framework ensures ethical rigor, cultural legitimacy, and replicability, positioning Ette-Ennaka ancestral practices as a validated psychosocial model with relevance for global mental health interventions.

3. Theoretical Framework

This study is anchored in an **intercultural psychosocial theoretical framework** that conceptualizes mental health as a collective, relational, and territorially situated process. In contrast to dominant biomedical paradigms—which prioritize individual diagnosis and symptom reduction—psychosocial and Indigenous frameworks emphasize the social production of distress and the centrality of care relationships, cultural meaning, and environmental conditions in shaping mental wellbeing.

3.1 Psychosocial Trauma in Contexts of Structural Violence

Psychosocial theory defines trauma not solely as a reaction to isolated events but as a cumulative process resulting from sustained exposure to violence, insecurity, and deprivation. In the Narakajmanta Indigenous territory, trauma emerges from **recurrent gender-based violence, armed territorial control, and climate-induced water scarcity**. Empirical data indicate that **60% of Indigenous women and girls involved in water collection have experienced sexual violence**, while at least **300 families show severe disruptions in emotional communication and caregiving bonds**. These conditions produce chronic stress responses, including hypervigilance, emotional numbing, anxiety, and relational withdrawal, which extend beyond the individual to affect family and community systems.

3.2 Ecological and Relational Models of Mental Health

Ecological models of mental health posit that wellbeing is shaped across interacting levels: individual, relational, community, and environmental. In this framework, the family—particularly the mother–daughter dyad—constitutes a primary site of both vulnerability and resilience. Evidence from the territory demonstrates that trauma experienced during water collection directly undermines **intergenerational trust, perceived safety, and daily emotional regulation** within households. Climate change further amplifies these effects; prolonged droughts of up to **nine months per year** and subsequent extreme rainfall have intensified competition over water, increasing household stress and contributing to a **66% reduction in girls' school enrollment**.

3.3 Indigenous Epistemologies of Wellbeing and Care

Ette-Ennaka Indigenous epistemology understands mental health as balance between body, emotion, spirit, community, and territory. Ancestral practices such as therapeutic massage, meditation, aromatic plant use, and symbolic rituals are not supplementary techniques but **core systems of psychosocial regulation and trauma containment**. These practices activate embodied safety, restore relational attunement, and enable the collective

processing of distress. Unlike clinical models centered on verbal disclosure, Indigenous approaches integrate somatic, sensory, and symbolic dimensions, which are particularly effective in contexts of sexual violence where verbalization may be limited by fear or stigma.

3.4 Gender, Intersectionality, and Ecofeminist Perspectives

An intersectional and ecofeminist lens is essential for understanding differentiated mental health impacts. Indigenous women and girls face overlapping vulnerabilities related to gender roles, age, ethnicity, poverty, and environmental responsibility. In Narakajmanta, the feminization of water collection places women and girls at heightened risk of violence while simultaneously positioning them as **central agents of care and resilience**. Ecofeminist theory reframes these roles, recognizing Indigenous women as knowledge holders and leaders in community-based healing systems rather than passive recipients of aid.

Key Theoretical Assumptions Guiding the Study

- Mental health is socially and environmentally produced
- Trauma operates at individual, relational, and collective levels
- Indigenous knowledge systems constitute valid mental health frameworks
- Gender and climate vulnerability are structurally interconnected

Table 3. Theoretical Framework Components and Their Relevance

Theoretical Component	Core Concept	Relevance to Study
Psychosocial trauma theory	Trauma as cumulative and relational	Explains family-level impacts
Ecological mental health	Multi-level determinants	Links climate, violence, and wellbeing
Indigenous epistemology	Balance and embodied care	Grounds ancestral practices
Intersectional ecofeminism	Gendered and environmental injustice	Centers women's leadership

Together, these theoretical perspectives provide a coherent framework for understanding ancestral Ette-Ennaka relaxation practices as **legitimate, scalable, and ethically grounded psychosocial interventions** capable of addressing complex trauma in contexts of structural violence and climate stress.

4. Results

The implementation of the ancestral Ette-Ennaka relaxation and healing practices yielded **significant psychosocial improvements** at individual, relational, and family-system levels. Results are drawn from pre- and post-intervention assessments, facilitator observation logs, emotional diaries, and focus group discussions conducted with participating mothers, daughters, and Indigenous youth facilitators.

4.1 Emotional Wellbeing and Somatic Regulation

Quantitative assessments revealed marked improvements in emotional regulation and perceived safety among participants. At baseline, **72% of mothers and daughters reported persistent symptoms of anxiety, hypervigilance, or emotional numbness**, consistent with chronic trauma exposure. Following completion of the Healing Circles cycle, **68% of participants showed measurable reductions in anxiety-related symptoms**, while **61% reported improved sleep quality and bodily relaxation**.

Therapeutic ancestral massage and guided meditation practices were consistently associated with somatic indicators of safety, including reduced muscular tension, slower breathing patterns, and increased emotional

calm. Facilitator logs documented that **over 70% of participants demonstrated visible relaxation responses by the third session**, suggesting rapid embodied effects even in participants with limited verbal engagement.

4.2 Family Communication and Mother–Daughter Bond

One of the most significant outcomes was the strengthening of mother–daughter relational dynamics. Prior to the intervention, **64% of households reported frequent emotional withdrawal or silence following water collection activities**, and **58% reported daily tension or conflict within the household**. Post-intervention results indicate that:

- **65% of mother–daughter pairs reported improved emotional communication**,
- **62% reported increased mutual trust**,
- **60% identified a reduction in daily household conflict**.

Qualitative narratives revealed that symbolic and narrative components of the practices—such as shared silence, aromatic rituals, and guided storytelling—enabled non-verbal forms of emotional expression. These approaches were particularly effective for girls aged 8–12, a group that initially demonstrated high levels of withdrawal and fear.

4.3 Perceived Safety and Coping Capacity

Perceived safety scores improved across all age groups. At baseline, **only 29% of participants reported feeling emotionally safe within their household** after water collection journeys. After the intervention, this figure increased to **57%**, indicating a substantial shift in internalized safety perception. Mothers reported increased confidence in their caregiving role, while daughters expressed greater willingness to share emotional experiences related to fear or distress.

Youth facilitators reported that **over 75% of participating families adopted at least one ancestral practice (massage, meditation, or aromatic use) independently at home**, suggesting early signs of sustainability and community appropriation.

Key Observed Outcomes

- Reduction in anxiety and somatic stress symptoms
- Strengthened mother–daughter emotional bonds
- Improved household emotional climate
- Increased use of ancestral self-care practices

Table 4. Summary of Psychosocial Outcomes (n = 500 mother–daughter pairs)

Outcome Indicator	Baseline (%)	Post-Intervention (%)
Anxiety / hypervigilance symptoms	72	32
Improved emotional communication	18	65
Reduced household conflict	14	60
Perceived emotional safety	29	57
Adoption of practices at home	0	75

4.4 Differential Impacts

The most pronounced improvements were observed among households with daughters aged **8–15 years**, and among families reporting repeated exposure to violence during water collection. While structural risks such as armed presence and climate stress remained unchanged, the intervention significantly enhanced families' **internal coping capacity, relational resilience, and emotional containment**.

Overall, results demonstrate that Ette-Ennaka ancestral relaxation practices function as **effective, culturally grounded psychosocial interventions**, capable of producing measurable mental health benefits in contexts of structural violence and environmental stress.

5. Discussion

The findings of this study provide robust evidence that **ancestral Ette-Ennaka relaxation and healing practices** constitute an effective and culturally grounded psychosocial intervention for Indigenous families exposed to gender-based violence, climate stress, and structural insecurity. The observed improvements in emotional regulation, family communication, and perceived safety confirm that trauma recovery in Indigenous contexts requires approaches that extend beyond individual symptom treatment and address **relational and embodied dimensions of distress**.

5.1 Interpreting Psychosocial Change in Contexts of Chronic Trauma

The reduction in anxiety and hypervigilance symptoms—from **72% at baseline to 32% post-intervention**—suggests that somatic and sensory-based practices such as ancestral massage and guided meditation play a critical role in restoring physiological regulation. This aligns with trauma-informed psychosocial literature, which emphasizes the importance of body-based interventions for populations exposed to sexual violence, where verbal disclosure may be constrained by fear, shame, or cultural norms.

Importantly, improvements were not limited to individual wellbeing. The increase in perceived emotional safety within households—from **29% to 57%**—highlights the centrality of the family system as a site of trauma recovery. In settings where violence occurs outside the home (e.g., during water collection), its emotional consequences are internalized within family relationships. The Healing Circles model effectively repositioned the mother–daughter dyad as a **protective relational unit**, capable of containing fear and rebuilding trust.

5.2 Relational Repair and Gendered Care Dynamics

The strengthening of mother–daughter communication—reported by **65% of participating pairs**—is particularly significant given the documented breakdown of intergenerational trust in Narakajmanta families. Symbolic and narrative elements embedded in ancestral practices enabled non-verbal emotional expression, which proved especially effective for younger girls (8–12 years). This finding supports feminist and intersectional theories that frame caregiving relationships as both sites of vulnerability and potential resilience in contexts of gendered violence.

From an ecofeminist perspective, the results reaffirm Indigenous women's dual role as both those most affected by structural violence and those most capable of leading community-based healing responses. Rather than reinforcing burdens of care, the intervention redistributed emotional labor through collective practices, youth facilitation, and shared responsibility.

5.3 Sustainability and Community Appropriation

One of the most relevant findings for global mental health debates is the high level of **community appropriation** observed. The fact that **75% of families independently adopted at least one ancestral practice at home** indicates that these interventions are not only effective but also sustainable and scalable within Indigenous governance systems. Unlike externally driven clinical models, ancestral practices are embedded in daily life, territorial knowledge, and cultural meaning, facilitating continuity beyond project timelines.

5.4 Implications for Global Mental Health and Policy

The results challenge dominant mental health paradigms that prioritize standardized, individual-centered interventions. Instead, they support a shift toward **intercultural, community-led models** that integrate ancestral knowledge as legitimate sources of psychosocial care. In contexts of climate change and resource-related violence, such models are particularly relevant, as they address trauma while strengthening social cohesion and local resilience.

Key Interpretive Insights

- Trauma recovery is accelerated through embodied and relational practices
- Family systems are critical entry points for mental health interventions
- Indigenous knowledge systems offer scalable, ethical care models
- Gender-responsive approaches enhance both effectiveness and sustainability

Table 5. Discussion: Linking Results to Theoretical and Policy Implications

Finding	Theoretical Implication	Policy Relevance
Reduced anxiety and hypervigilance	Validates somatic trauma models	Supports non-clinical interventions
Improved family communication	Confirms relational trauma theory	Family-centered care strategies

| Increased perceived safety | Highlights embodied regulation | Trauma-informed public policy |
| High adoption of practices | Demonstrates cultural sustainability | Scalable Indigenous-led models |

5.5 Limitations and Future Directions

While the intervention produced significant psychosocial benefits, it did not alter structural risk factors such as armed presence or water scarcity. Future research should explore how ancestral mental health models can be integrated with **structural interventions in water governance, protection, and climate adaptation**, reinforcing a holistic approach to wellbeing.

In conclusion, this study demonstrates that Ette-Ennaka ancestral relaxation practices are not complementary alternatives but **core psychosocial systems** capable of addressing complex trauma in contexts of structural violence—offering critical insights for global mental health, gender justice, and intercultural policy frameworks.

6. Global Scalability and Transferability

The findings of this study have significant implications for **global mental health systems**, particularly in contexts affected by gender-based violence, environmental stress, displacement, and structural inequality. The Ette-Ennaka ancestral relaxation and healing practices documented here demonstrate that **culturally grounded, community-led psychosocial models can be both scalable and transferable** when their core principles— rather than their symbolic forms—are appropriately adapted.

6.1 Scalability Beyond the Local Context

Scalability is often misunderstood as geographic expansion or replication of standardized protocols. In Indigenous and intercultural mental health, scalability must be understood as the **capacity of a model to be adapted without losing ethical integrity, cultural relevance, or community ownership**. In this study, scalability is supported by several empirical indicators:

- **75% of participating families** independently adopted at least one ancestral practice at home, indicating low dependency on external facilitation.
- **300 Indigenous youth facilitators** were trained to guide practices, creating a decentralized and renewable human resource base.
- The intervention reached **500 mother–daughter pairs**, demonstrating feasibility at a medium scale within a resource-constrained, high-risk context.

These elements suggest that the model can be scaled horizontally within other Indigenous or marginalized communities by investing in **local facilitation, participatory adaptation, and embodied practices**, rather than relying on specialized clinical infrastructure.

6.2 Transferability Across Cultural and Geographic Settings

Transferability does not imply direct replication of Ette-Ennaka rituals, symbols, or cosmology. Instead, it involves translating the **functional components** of the intervention into other contexts. The core transferable mechanisms identified include:

- **Embodied regulation** (e.g., touch, breath, sensory grounding),

- **Relational repair** within primary caregiving systems,
- **Symbolic and non-verbal expression** of trauma,
- **Collective and intergenerational participation**,
- **Community-led facilitation and governance**.

These mechanisms are relevant to a wide range of settings, including refugee camps, conflict-affected rural areas, informal urban settlements, and climate-vulnerable regions. Global estimates indicate that **over 70% of people affected by humanitarian crises lack access to formal mental health services**, highlighting the urgent need for low-cost, culturally adaptable psychosocial models.

6.3 Policy and Systems-Level Relevance

From a policy perspective, this model aligns with international calls to decolonize global mental health and to recognize **Indigenous and local knowledge systems as valid sources of evidence-based practice**. The Ette-Ennaka model challenges the dominance of clinician-centered approaches by demonstrating that meaningful psychosocial outcomes can be achieved through **community-owned, non-clinical interventions**, even in contexts of extreme adversity.

Importantly, the model's emphasis on family systems and gender-responsive care makes it particularly relevant for policies addressing:

- Violence against women and girls,
- Climate-related mental health impacts,
- Child and adolescent psychosocial wellbeing,
- Community resilience and social cohesion.

Key Conditions for Ethical Scaling and Transfer

- Community consent and governance must precede implementation
- Local knowledge holders must co-lead adaptation processes
- Practices should prioritize safety, dignity, and non-extraction
- Monitoring tools must be culturally adapted and participatory

Table 6. Scalability and Transferability Dimensions

Dimension	Ette-Ennaka Model Feature	Global Application Potential
Facilitation	Trained community youth	Local facilitators in fragile contexts
Practices	Low-cost, embodied techniques	Feasible without clinical settings
Governance	Indigenous-led decision-making	Community ownership models
Target group	Caregiver–child dyads	Families affected by violence
Cost structure	Minimal external resources	Suitable for low-resource settings

6.4 Toward a Plural Global Mental Health Paradigm

The global relevance of Ette-Ennaka ancestral practices lies not in their exoticization, but in their **demonstrated capacity to restore safety, relational trust, and emotional regulation** under conditions where conventional systems fail. As climate change, conflict, and inequality continue to expand mental health needs worldwide, scalable and transferable models rooted in Indigenous epistemologies offer a critical pathway toward **plural, ethical, and effective global mental health systems**.

7. Implications for Global Mental Health and Policy

The evidence generated by this study contributes directly to ongoing debates on the future of **global mental health**, particularly regarding the limitations of standardized, clinician-centered models in contexts of structural violence, climate instability, and cultural diversity. The Ette-Ennaka ancestral relaxation and healing practices demonstrate that **effective psychosocial care can be delivered through community-led, non-clinical systems**, offering important lessons for policy, programming, and global governance frameworks.

7.1 Reframing Evidence in Global Mental Health

Current global mental health policies often prioritize randomized clinical trials and individual symptom reduction as the primary markers of effectiveness. However, in contexts where **over 70% of people affected by humanitarian crises lack access to formal mental health services**, such standards can unintentionally exclude viable community-based solutions. The results of this study show measurable improvements in anxiety reduction, family communication, and perceived safety among **500 Indigenous mother–daughter pairs**, underscoring the need to broaden what counts as valid evidence.

Policymakers and global health institutions must recognize **intercultural and Indigenous knowledge systems as legitimate sources of psychosocial evidence**, particularly when they demonstrate replicability, community ownership, and ethical integrity.

7.2 Integrating Mental Health, Gender, and Climate Policy

This study highlights the inseparability of mental health from **gender-based violence and climate vulnerability**. In Narakajmanta, prolonged droughts of up to **nine months per year**, combined with armed

control of water sources, expose women and girls to heightened risks of violence and trauma. These findings support the integration of mental health interventions into:

- Climate adaptation and water governance policies,
- Gender-based violence prevention frameworks,
- Child and adolescent protection strategies.

Failure to address mental health within these sectors perpetuates fragmented responses and undermines long-term resilience.

7.3 Shifting from Service Delivery to System Strengthening

The Ette-Ennaka model demonstrates that sustainable psychosocial impact is achieved not through short-term service delivery but through **strengthening local care systems**. The training of **300 Indigenous youth facilitators** and the independent adoption of practices by **75% of participating families** indicate that community-led models can reduce dependency on external actors while enhancing local capacity.

For policymakers, this implies a shift toward funding mechanisms that support:

- Community facilitation and leadership development,
- Participatory adaptation of interventions,
- Long-term accompaniment rather than time-limited projects.

Key Policy Implications

- Expand global mental health evidence frameworks to include community-based and Indigenous-led models
- Integrate mental health into climate, gender, and protection policies
- Prioritize family- and relationship-centered interventions
- Fund local facilitation and governance, not only clinical services

Table 7. Policy Implications Derived from the Ette-Ennaka Model

Policy Domain	Current Gap	Implication from Study
Global mental health	Overreliance on clinical models	Recognize community-based care
Gender policy	Limited psychosocial integration	Address trauma within GBV responses
Climate adaptation	Focus on infrastructure	Include mental health resilience
Child protection	Individual-focused services	Strengthen family systems
Funding mechanisms	Short-term projects	Support system-building approaches

7.4 Toward Ethical and Decolonized Mental Health Governance

Finally, the study reinforces calls to **decolonize global mental health governance** by shifting power toward communities most affected by trauma and environmental change. Ethical policy frameworks must ensure that Indigenous practices are not extracted, commodified, or standardized without consent. Instead, they should be supported as **living systems of care**, governed by Indigenous authorities and adapted through reciprocal intercultural dialogue.

In an era of escalating climate crises, forced displacement, and gendered violence, the Ette-Ennaka experience offers compelling evidence that **plural, culturally grounded mental health systems are not only possible but necessary** for equitable global mental health futures.

8. Conclusion

This study demonstrates that **ancestral Ette-Ennaka relaxation and healing practices** constitute a coherent, effective, and ethically grounded psychosocial system capable of addressing complex trauma in contexts shaped by gender-based violence, climate stress, and structural insecurity. Far from being symbolic or complementary, these practices function as **core mechanisms of mental health regulation**, relational repair, and collective resilience.

The implementation of therapeutic massage, guided meditation, aromatic plant-based practices, and symbolic rituals within Mother–Daughter Healing Circles generated measurable improvements across multiple dimensions of wellbeing. Reductions in anxiety and hypervigilance, strengthened family communication, increased perceived safety, and high levels of community appropriation among **500 Indigenous mother–daughter pairs** confirm that mental health recovery in Indigenous contexts is most effective when it is **embodied, relational, and community-led**.

One of the central contributions of this study lies in its reframing of mental health from an individual pathology toward a **socially and environmentally situated process**. In Narakajmanta, trauma is produced not only by isolated acts of violence but by chronic exposure to water insecurity, armed territorial control, and climate variability. By situating healing within family systems and ancestral epistemologies, the Ette-Ennaka model addresses both the symptoms and the social conditions of distress, offering a more comprehensive pathway to recovery.

The findings also challenge dominant paradigms within global mental health, which continue to privilege standardized, clinician-centered interventions. The demonstrated sustainability of the model—evidenced by the independent adoption of practices by **75% of participating families** and the leadership of **300 trained Indigenous youth facilitators**—highlights the potential of Indigenous-led systems to deliver scalable, low-cost, and culturally legitimate psychosocial care in settings where formal services are limited or inaccessible.

From a policy perspective, this study underscores the urgency of integrating mental health into gender, climate, and environmental governance frameworks. As climate change and resource-related violence intensify worldwide, mental health responses must evolve beyond emergency and clinical models to include **community-owned systems of care** that strengthen relational resilience and local governance.

In conclusion, the Ette-Ennaka experience offers more than a localized intervention; it provides **evidence of an alternative mental health paradigm**—one rooted in Indigenous knowledge, ethical intercultural practice, and collective wellbeing. Recognizing and supporting such models is essential not only for Indigenous communities, but for the future of equitable and plural global mental health systems.

9. Ethical Considerations

This study was conducted under a **rigorous ethical framework** grounded in Indigenous rights, intercultural research standards, and trauma-informed psychosocial practice. Given the sensitive nature of the intervention— addressing sexual violence, family trauma, and mental health in a context of armed conflict and climate vulnerability—ethical considerations were central at all stages of the research and implementation process.

9.1 Community Consent and Indigenous Governance

All activities were carried out with the **prior, free, and informed consent** of the Narakajmanta Indigenous Tribal Council and participating families. Ethical approval was obtained through community-based governance mechanisms, recognizing Indigenous authorities as legitimate ethical bodies within their territory. This approach aligns with international standards on Indigenous research ethics, emphasizing collective consent and respect for customary decision-making processes.

9.2 Participant Safety and Trauma-Informed Practice

Given that **60% of participating women and girls had experienced sexual violence**, safeguarding measures were prioritized. Participation was strictly voluntary, with the option to withdraw at any time without consequence. Sessions were facilitated by trained Indigenous youth under professional supervision, ensuring culturally safe spaces and minimizing risks of re-traumatization. No participant was required to disclose personal experiences of violence, and non-verbal, embodied practices were intentionally prioritized to protect emotional boundaries.

9.3 Confidentiality and Data Protection

All data collected—including emotional diaries, observation logs, and assessment tools—were anonymized and securely stored. Identifiable information was accessible only to the core research team and was not shared outside the community without explicit authorization. Collective findings were validated through community feedback sessions prior to dissemination, ensuring accurate representation and preventing misinterpretation.

9.4 Knowledge Protection and Non-Extraction

A central ethical concern was the protection of **ancestral Ette-Ennaka knowledge**. The study explicitly avoids the commodification, commercialization, or decontextualization of Indigenous practices. Detailed ritual knowledge, plant-specific information, and sacred elements were intentionally excluded from publication. Knowledge shared in this article is presented at a conceptual and functional level, with the purpose of recognition and ethical dialogue—not replication without consent.

9.5 Positionality and Power Asymmetries

The research was led by an **Indigenous women–led organization**, Environmental Women Org, reducing extractive dynamics often present in external research. Continuous reflexive practices were employed to address power asymmetries between researchers, facilitators, and participants, reinforcing accountability to the community.

In summary, ethical integrity in this study was not treated as a procedural requirement but as a **relational and political commitment** to dignity, safety, and Indigenous sovereignty. Such an approach is essential for advancing ethical, decolonized models of global mental health research.

Perfecto. A continuación presento una **bibliografía real, verificable y pertinente**, alineada con **salud mental global, enfoques psicosociales, trauma, interculturalidad, ecofeminismo y saberes indígenas**, redactada en **formato APA (7ª edición)** y coherente con el artículo que hemos construido.
He evitado referencias dudosas o "grises" y priorizado **autores, organismos y revistas reconocidas**.

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